



## Psychology Internship Program

### Loma Linda VA Medical Center

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**MATCH Number: 112611**  
**Applications Due: November 6, 2015**

### **Accreditation Status**

The predoctoral internship at the Loma Linda VA is fully accredited by the Commission on Accreditation of the American Psychological Association (the next site visit will be during the academic year 2018).

### **Application & Selection Procedures**

The Psychology Internship Program is accredited by the American Psychological Association (APA) and is listed in the APPIC (Association of Postdoctoral and Psychology Internship Centers) Directory. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant prior to Uniform Notification Day.

It is important to note that a CERTIFICATION OF REGISTRATION STATUS, CERTIFICATION OF U.S. CITIZENSHIP, and DRUG SCREENING are required to become a VA intern. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this internship and fit the above criteria, you will have to sign it. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. We will not consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection as is other staff.

### **PLEASE SUPPORT YOUR APPLICATION WITH THE FOLLOWING:**

- Curriculum Vita
- Transcripts from graduate universities
- One sample of a comprehensive psychological testing report (please ensure that the report is de-identified to ensure confidentiality)
- Three letters of recommendation
- Verification of internship eligibility and readiness signed by your Director of Training
- APPIC Application for Psychology Internship (APPI) located at <http://www.appic.org>
- PLEASE SUBMIT ALL OF THE ABOVE APPLICATION MATERIALS ONLINE THROUGH THE APPIC WEBSITE, ACCORDING TO APPIC INSTRUCTIONS.
- ALL APPLICATION MATERIALS MUST BE RECEIVED ON OR BEFORE TO **NOVEMBER 6TH**. ALL CANDIDATES ARE NOTIFIED OF THEIR INTERVIEW STATUS BY **DECEMBER 15TH**, CONSISTENT WITH APPIC GUIDELINES. PLEASE SUBMIT APPLICATION MATERIALS ACCORDING TO APPIC GUIDELINES.

## ***Psychology Setting***

The Psychology Section, Behavioral Healthcare Service consists of the Supervisory Psychologist, the Director of Training, the Associate Director of Training, approximately 31 staff psychologists, three psychology technicians, and one vocational rehabilitation counselor. Psychology consultants from universities, local hospitals, and private practice may augment the staff. Behavioral Medicine has a strong affiliation with Loma Linda University's Graduate School of Psychology and School of Medicine. Loma Linda VA also annually trains 10 Practicum Students and 9 Post Doctoral Residents. Post Doctoral Positions are available in: Health Psychology, Holistic Mental Health, Neuropsychology, General Outpatient Mental Health and PTSD Treatment.

In addition to the psychological services under the Description of Training Opportunities section in this brochure, the Psychology Section also consists of a Vocational Counseling Program. This program provides career exploration, vocational rehabilitation planning, job search assistance, training in job interviewing techniques, and referral to community based programs. It also consists of the Compensated Work Therapy (CWT) Program, which places veterans in highly supervised, part-time positions as part of their vocational rehabilitation.

The major functions of the Psychology Section include the provision of psychological services to patients, consultation, teaching, and program development and outcome measurement. Psychologists provide comprehensive services to inpatients and outpatients of the Medical Center and to their families through a variety of roles. They serve as members of multidisciplinary treatment teams on both inpatient and outpatient units. They serve as coordinators or team leaders of a variety of programs. Remaining areas of the Medical Center are served on a consultation basis.

## ***Training Model and Program Philosophy***

Our goal is to train psychology interns to be competent practitioner/scholars in Clinical/Counseling Psychology. The underlying philosophy of our Psychology Internship Program emphasizes that graduates will be first and foremost psychologists who are well grounded in the theory and science of psychology then going on to become and function as professional psychologists in a variety of settings. Clinical applications and the process of scientific inquiry are built upon foundational psychology courses in the interns' curriculum and practicum experience.

## ***Program Goals & Objectives***

The comprehensive mission of our psychology internship training is to provide our doctoral interns with the experiences necessary for them to become scientifically oriented, thoroughly ethical, intensively trained and highly skilled psychologists, well-prepared and competent as entry-level professionals in the discipline of clinical psychology in the following areas: intervention, psychological assessment and diagnosis, ethics & professional identity, professionalism, diversity/multicultural issues, science & practice. We emphasize training in psychology within the context of a holistic approach to human health and welfare. Furthermore, as our program is located in Southern California, another aspect of our mission is the education of our interns to work with individuals of diverse ethnic and cultural backgrounds. Our program emphasizes an awareness of and sensitivity to cultural and human diversity as central to all psychological training and future practice.

## ***Program Structure***

In August 1978, the first formally funded Psychology intern was appointed at the Jerry L. Pettis Memorial Veterans Medical Center. Starting on 08/23/2015 there will be seven fully funded psychology interns receiving training. Paid appointments are full-time for a 12-month period, from August 23, 2015 to August 20, 2016, (the following year will be August 21, 2016 to August 20, 2017) and carry a stipend of \$26,704

per year (fiscal year '15-16). Internships are available in both clinical and counseling psychology for doctoral candidates enrolled in APA-accredited programs only.

The psychology internship is a broad-based experience designed for the individual who wishes to work with the varied patient population found in a general hospital or outpatient clinic. The intern will have an opportunity to work with male and female adults and, in some cases, with other members of the family. At the beginning of the rotation, each intern and supervisor develops specific training goals and completes the Supervision Agreement. An evaluation is done midway through each rotation. At the end of the rotation, a final evaluation is developed for transmittal to the Director of Training, and eventually to the intern's graduate department. Intensive supervision is an important aspect of this program. Each intern usually takes part in three, four-month rotations during the year. The intern is expected to work 40 hours each week, and this is typically between the hours of 8:00am and 4:30pm. Offsite opportunities are available but not required at some of our Community Based Outpatient Clinics (CBOCs). The intern becomes actively involved in assessment, consultation, multidisciplinary decision-making, and group and individual therapies with both inpatients and outpatients largely utilizing Evidence Based Psychotherapies. By special arrangement, the intern may be provided time to pursue an area of personal research or professional development. Opportunities exist for longer-term psychotherapy with supervision of selected patients.

All Psychology interns are supervised in accordance with the American Psychological Association (APA) and the Board of Psychology (BOP), State of California Guidelines and Principles. The Directors of Training meet with supervisors monthly or more often to discuss the performance and growth of interns in order to provide the best training possible.

A vast array of ongoing and continuing education seminars and case conferences are offered through the Psychology and Behavioral Healthcare Services, as well as, the Loma Linda University Medical School. These include our weekly, didactic Intern Seminar on a wide range of professional psychology topics, the weekly Case Conference (group supervision), weekly Neuropsychology Case Conference, weekly Assessment Clinic, and a weekly Long Term Therapy Group Supervision meeting. At least two hours of individual supervision are also provided every week. Outstanding library, computer, and medical media services are available to all interns. Authorized leave for continuing education and professional conference attendance is also available.

## ***Description of Training Experiences***

The following are possible training opportunities at the Loma Linda VA.

### **ADDICTIONS TREATMENT PROGRAM (ATP):**

Trainees seeking experience in working with primary substance dependence diagnoses have a range of opportunities for this type of training. They may do a full time rotation in the outpatient Addiction Treatment Program (ATP) that consists of working with patients along the continuum of the stages of change in a primarily abstinence-based setting and making referrals to harm-reduction services as deemed appropriate. Other options would include a combined rotation to encompass elective training opportunities in ATP alongside training in the Dual Diagnosis treatment program (focused on the more seriously mentally ill population) in the following patient care activities and roles:

A. The ATP is a multidisciplinary treatment program providing outpatient treatment for veterans with substance use disorders. The team consists of Addiction Therapists, a Psychologist, a Social Worker, a Recreational Therapist, Peer Support Specialists, a Medical Director, and Nursing staff. The program is an intensive outpatient residential treatment program (IOP) with most veterans living in recovery or sober-living homes (milieu) while they attend treatment activities here in the hospital. The program is 9 – 12 months long, or longer, tailored to patient need. Whereas ATP patients often present with co-occurring disorders, e.g., Depression, Anxiety, or PTSD secondary diagnoses, those patients that present with severe, persistent mental disorders, e.g., Schizophrenia, Bipolar, and or Psychosis are more typically enrolled in the Integrated Dual Diagnosis Treatment Program (IDDTTP). The program consists of a combination of psychoeducational and process-oriented therapy groups using various modalities and

interventions including cognitive-behavioral, relapse-prevention, motivational interviewing and 12-step focused principles, codependency groups for significant others, family therapy group, couple's therapy, case management, individual therapy, brief psychological assessment and testing (as needed), recreational therapy, and a work therapy program.

*The Trainee will observe and participate (which may entail co-facilitation or independent facilitation) in the following treatment opportunities and duties:*

- The Assessment and Evaluation group (Willingness Group), which assesses patients' readiness for treatment, assists patients in determining an appropriate treatment plan, and serves as the entry point into treatment.
- Group therapy (across the 3 phases of the intensive treatment program: Phase I, Stabilization; Phase II, Integration; and Phase III, Maintenance).
- Codependency and Family Therapy groups.
- Becoming more familiar with the DSM-V criteria for Substance abuse/dependence disorders.
- Becoming more familiar with medical issues related to withdrawal, detoxification, and maintenance medications.
- Treatment Planning.
- Case management and/or brief individual therapy.
- Multi-disciplinary treatment staff meetings.
- Crisis Intervention (as needed) to evaluate and assess for SI, HI, and other high-risk psychiatric issues.
- Utilizing the Stages of Change model in treatment planning and intervention
- Developing skills in Motivational Interviewing approaches and the EBP, Motivational Enhancement Therapy
- Exposure to the interface between the legal system and treatment through collaboration with staff in the Veteran's Justice program, working with court-mandated patients.
- Smoking Cessation approaches
- Opportunity to develop and independently facilitate one's own psychoeducational or process group
- Exposure to work with unique issues related to court mandated patients in the Veteran's Justice Outreach Program

(Please also note that ATP can be a "split" rotation with Dual Diagnosis for Interns only).

## **BEHAVIORAL HEALTH INTERDISCIPLINARY PROGRAM – EVALUATION (BHIP-E):**

A. Behavioral Health Interdisciplinary Program - Evaluation (BHIP-E) functions as the gatekeeper for outpatient behavioral health services. All new referrals to behavioral health are evaluated by BHIP-E and then referred to the most appropriate treatment program. Trainees assigned to BHIP-E conduct behavioral health evaluations on a wide variety of patients. The clinic includes psychologists, nurse practitioners, social workers, and psychiatrists. It emphasizes an interdisciplinary approach to behavioral health assessment and intervention. Trainees also will have the opportunity to assist the supervising psychologist in priority on-call coverage, including triage in the emergency room.

B. Patients may be referred by their primary care physician, from walk-in clinics, or by specialty clinics.

*Psychology trainees assigned to BHIP-E will be responsible for providing a range of psychological services, including:*

- Psychological/Diagnostic assessment: intake interview, differential diagnosis and treatment planning utilizing the DSM 5
- Report writing
- Crisis Intervention and Emergency Triage

- Psychotropic Medication Consultation (with psychiatrists and nurse practitioners)
- Referral to various treatment programs within Behavioral Medicine.
- Attendance at weekly team case conferences.

C. This training experience allows the opportunity for the trainee to develop skills within an outpatient care medical setting, to work with a range of medical disciplines, and to develop familiarity with psychopharmacological interventions. Trainees will gain knowledge and develop skills in working with a wide variety of presenting problems, including individuals with complicated medical and psychiatric histories (full range of psychopathology), thus gaining an appreciation for the reciprocal impact between medical and psychiatric conditions. Such an opportunity is especially relevant given to the changing role of psychologists in light of health care reform and the growth of managed care.

## **BEHAVIORAL HEALTH INTERDISCIPLINARY PROGRAM - EVIDENCE-BASED SERVICES (BHIP-EBS):**

The trainee on this rotation will be supervised in the provision of evidence-based psychotherapy services on teams within the Behavioral Health Interdisciplinary Program (BHIP-Treatment). Activities include the provision of evidence-based treatments to a diverse population of individuals, groups, couples, and families; treatment planning; and participation on an interdisciplinary treatment team. Interdisciplinary teams meet weekly and intern is a full member of this team. Interdisciplinary teams are usually comprised of psychologists, psychiatrists, nurse practitioners, LVN's, social workers, psychology technicians, admin support staff, and peer support staff.

Specific training activities may include:

- Treatment planning with patients as they enter the program
- Ongoing care coordination meetings with patients to revise their treatment plans once they are in the program
- Comprehensive evaluation to determine patients' candidacy, readiness, and appropriateness for various forms of Evidence-Based Psychotherapies
- Facilitation of Motivational Interviewing groups to improve patients' likelihood of success in Evidence-Based individual and/or group psychotherapies.
- Facilitation of Evidence-Based Psychotherapy groups (CBT-Depression, ACT Anxiety and Depression, and DBT Skills groups)
- Provision of individual Evidence-Based Psychotherapy including Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and Dialectical Behavior Therapy
- Provision of Cognitive Behavioral Therapy for Insomnia
- Provision of Evidence-Based Integrated Behavioral Couples Therapy
- Relationships Skills Group (Group for couples using John Gottman's research)
- Harm Reduction Group for Substance Use Disorders
- Limited opportunities to do trauma-focused work such as providing Cognitive Processing Therapy for PTSD and Prolonged Exposure for PTSD.
- Participation as an effective member on an interdisciplinary treatment team including collaborating with other disciplines.
- Opportunities to participate on full DBT consultation team, including using DBT to help other clinicians, discussing cases and learning DBT in the team meeting setting.
- Co-lead Dialectical Behavioral Therapy Skills group as part of full DBT program.
- Opportunities to teach DBT skills to individual patients on a short-term basis.
- Inpatient ACT group on locked inpatient unit.
- DIGMA Group – multidisciplinary group that involves working with veterans suffering from PTSD and comorbid conditions in a group setting. This group involves a multidisciplinary approach including group therapy and medication management occurring at same time in the group.

The trainee may also work with his/her EBP Team supervisors to design a training experience that fits his/her individual training needs.

BHIP-EBS can also be split with a half time Psychological Assessment experience. Opportunities would be to gain exposure to psychological testing administration, scoring, and interpretation and report writing skills for the benefit of veterans within BHIP services. To learn how to utilize psychological measures within a clinical setting and provide feedback to a multidisciplinary team to further treatment for patients. Training Goals/Objectives are to gain knowledge and experience in administration, scoring, and interpretation with: MMPI-2, MCMI-III, PAI, 16-PF, and other psychological measures to assist in the treatment planning of patients. (this opportunity is only available to interns at this time).

## **DUAL DIAGNOSIS/2NE INPATIENT:**

This training opportunity is split between the Integrated Dual Diagnosis Program (IDDTTP) and the inpatient locked psychiatric unit (2NE).

A. IDDTTP is a multidisciplinary treatment program providing outpatient treatment for veterans with substance use disorders. The program is a residential treatment program with most veterans living in recovery or sober-living houses while they attend treatment activities here in the hospital. The program is 9- to 12-months long, or longer. The IDDTTP provides services for veterans with substance abuse and severe persisting co-morbid mental disorders. It is a day treatment program staffed by a psychologist and one social worker. The program consists of groups, individual therapy, psychological testing, case management and work therapy. These patients typically live in sober livings and board and cares and typically are in treatment 1-2 years. The trainee will observe and participate in the ATP treatment, but their primary training will take place in the IDDTTP.

*Specific duties include:*

- Facilitation of the Assessment and Evaluation Group (Options Group), which assesses patients' readiness for treatment utilizing Motivational Interviewing/Motivational Enhancement Therapy (MET)
- Group therapy- Dialectical Behavioral Therapy (DBT) Groups
- Become familiar with the DSM criteria of substance use disorders
- Treatment Planning
- Psychological Assessment
- Brief individual therapy
- Couples and/or Family Meetings/Therapy
- Crisis Intervention to evaluate and assess for s/i, h/i, and other high-risk psychiatric issues.
- Consultation
- Psycho-educational groups (CBT-type groups)

B. The inpatient unit involves work on 2NE which is a 34 bed locked inpatient psychiatric facility. It contains both male and female adult patients with a variety of disorders including thought disorders, anxiety and mood disorders, personality disorders, substance abuse, and dementia. The trainee is a member of the multidisciplinary treatment teams and contributes actively to all phases of assessment, treatment planning, and intervention. The trainee will have opportunity to interact with pharmacists, physicians, nursing staff, medical residents and medical students in a training environment. The psychology trainee can expect to assume responsibilities and gain supervised experience with a variety of diagnoses.

*Specific activities may include:*

- Individual therapy
- Group therapy
- Psycho-educational groups
- Psychological assessment
- Program planning
- Consultation with multi-disciplinary team

- Crisis intervention
- Family Meetings
- Neuropsychological testing

(Please also note that ATP can be a “split” rotation with Dual Diagnosis for Interns only).

## **GEROPSYCHOLOGY:**

A. The trainee on the Geropsychology rotation works with three main populations on the Community Living Center (CLC): veterans with a skilled nursing need due to medical condition(s), veterans receiving acute physical rehab, and veterans admitted for palliative care. Psychology is an active member of the treatment team and provides therapy and assessment for veterans who are dealing with issues related to aging, loss of function, cognitive decline, and grief and loss. Psychology also provides care for terminally ill veterans and their families as they face end-of-life concerns.

B. The population ranges in age from 20 through 100, with a wide array of presenting diagnoses to include affective disorders, adjustment disorders, PTSD, dementia, delirium, substance abuse, and Axis II conditions. Veterans present with a full spectrum of medical diagnoses.

C. The trainee is a member of the interdisciplinary treatment team and contributes actively to all phases of assessment, treatment planning, and intervention.

*The psychology trainee can expect to assume responsibilities and gain supervised experience in the following areas:*

- Functioning as a member of a interdisciplinary team and influencing the ward milieu
- Providing individual therapy
- Providing training in relaxation, assertiveness and anger management.
- Providing group interventions in pain management
- Providing assessment to include clinical interviewing, neuropsychological screening, and capacity evaluations as needed
- Facilitate ongoing program development with CLC psychologists and staff

## **HEALTH PSYCHOLOGY:**

**Description:** The full-time, four-month psychology internship rotation in Health Psychology provides trainees with a comprehensive introduction to the field of Health Psychology including some of its major applications. The primary focus is on interprofessional treatment and the provision of Health Psychology services in the Primary Care setting as part of LLVAMC's Primary Care – Mental Health Integration (PC-MHI) team. Interns are trained in assessment and treatment modalities consistent with a ‘whole person’ approach to integrative medicine, including evidence-based techniques (e.g., Motivational Interviewing).

**Supervision:** Provided by licensed clinical psychologists working in Health Psychology. Additional supervision and mentoring is provided by Health Psychology Postdoctoral Fellows, under the supervision of a licensed psychologist. Supervision includes at least one weekly hour of individual, face-to-face supervision by a licensed psychologist, and attending the following weekly hours: Intern Group Supervision, Health Psychology Interprofessional Group Supervision, Evidence-Based Psychotherapy Group Supervision, and Long-Term Psychotherapy Group Supervision. Interns also have opportunities to participate in Health Psychology Didactic Training Seminars as well as the weekly Psychology Intern Seminars on topics of more general interest.

Clinical Activities include an orientation to the VA's interdisciplinary PACT (Patient Aligned Care Team) model and training in a variety of Core and Elective health psychology services and roles. These include:

- C: Working as part of interprofessional teams in Primary Care
- C: Weight & Lifestyle management interventions (e.g. MOVE! program)
- C: Stress Management interventions

- **C:** Sleep disorder treatments (e.g., Sleep Assessment, CBT-Insomnia)
- **C:** Group Medical Appointment model (e.g., for veterans with Diabetes)
- **C:** Brief Individual Health Interventions including: Health Coaching, Motivational Interviewing, Psychotherapy
- **C:** Consultation/Liaison with PC providers & other trainees (e.g., Walk-in Mental Health Triage/Same Day Access Appointments)
- **E:** Smoking Cessation interventions
- **E:** Biofeedback Therapy
- **E:** Co-leading classes and group psychotherapies on health-related topics

#### **Goals and Objectives:**

- Education in the history and implementation of the PACT model
- Learn brief assessment and referral skills
- Consultation and education skill development
- Education on health problems common to veterans in PACT setting
  - Obesity/ Metabolic disorders
  - Tobacco dependence
  - Chronic physical pain
  - Diabetes
  - Hypertension
  - Sleep concerns (e.g., insomnia, sleep apnea)
- Motivational Interviewing skills
- Health Coaching skills
- Problem-solving skills

#### **NEUROPSYCHOLOGY:**

The trainee on the Neuropsychology rotation will develop specific skills in neuropsychological consultation within a general medical setting and assess Veterans with a wide variety of neurological, medical, and psychological disorders including various types of dementia, traumatic brain injury, seizure disorder, and mood disorders. Veterans are referred from all medical departments/clinics of the Loma Linda VAMC, including Primary Care Clinics, Behavioral Medicine, Geriatric Primary Care, Dementia Clinic, Cardiology, Oncology, Nephrology, Neurology, Polytrauma, Infectious Disease, Community Based Outpatient Clinics, and Addictions Treatment. Interns may also have the opportunity to participate in the supervision of psychology practicum student(s) depending on the intern's previous experience.

The rotation objectives for the trainee include:

- Developing proficiency in evaluating brain-behavior relationships.
- Gaining increased understanding of the functional deficits and behavioral manifestations of common neurobehavioral syndromes and disorders.
- Developing proficiency in conducting a comprehensive neuropsychological assessment (i.e. refinement of the referral question, pertinent record review, clinical interviewing, test administration and scoring, data interpretation, report writing, and Veteran and family feedback).

Additional educational opportunities include:

- Neuropsychology Didactics
- Journal Club
- Neuropsychology Case Conference
- Brain Cuttings

#### **TRAUMA RECOVERY SERVICES (TRS):**

A. Program Description



Trauma Recovery Services (TRS) is a comprehensive program providing prompt access and optimum continuity of care for patients experiencing emotional or other psychological difficulties as a result of serious adversity or traumatic experiences in their life. The goal of TRS is to support men and women with a trauma history in establishing and maintaining healthy, balanced active lives, enhance interpersonal and social skills and to strengthen their emotional health and support systems. TRS is a comprehensive program for the treatment of patients with symptoms and impairment related to traumatic life experiences, and other co-morbid conditions. The program is designed to meet the needs of patients experiencing multiple DSM-V diagnoses (but with an emphasis on treating PTSD) and who have experienced a traumatic life event. The program offers a menu of services from which individualized treatment plans are collaboratively developed with patients. It is the expectation that participants will take an active role in their treatment planning and care coordination and will actively work with the treatment team to utilize treatment most effectively. The program model is aimed at helping participants recover from the damaging effects of trauma and enjoy an improved quality of life.

Trauma Recovery Services is a specialized program within the Behavioral Health Interdisciplinary Program (BHIP), treating individuals with PTSD symptoms. Services offered in TRS are categorized into two pathways of treatment. One treatment pathway includes psycho-educational and coping skills-based classes; and the other pathway includes trauma-focused evidence-based psychotherapy, provided in group and individual formats (CPT, PE, CBT). Family and significant other education and support groups are also provided. Each patient is assigned a care coordinator within the program to oversee treatment plan and progress.

#### B. Population

Patients receiving care in Trauma Recovery Services (TRS) are men and women in their 20s to their 80s, comprising a diverse range of cultural and ethnic backgrounds, as well as different military branches and eras of war (i.e. Vietnam, Persian Gulf, OEF/OIF/OND, etc.). There is also a diverse mix of trauma experiences to include combat and sexual, as well as a variety of non-military and nonsexual traumatic events.

#### C. Staffing and supervision

Trauma Recovery Services (TRS) is a comprehensive interdisciplinary treatment program for individuals with a trauma history. The interdisciplinary treatment team consists of individuals from Psychiatry, Psychology, and Social Work along with administrative support personnel, a psychology practicum student, psychology intern, and a psychology post-doctoral fellow. An integral component of TRS is the collaborative development of individual treatment goals and plan that will guide the patient's treatment in TRS. Any member of the treatment team may be designated as a care coordinator for a particular patient. When medication is necessary, a psychiatrist is also assigned to that patient. Trainees obtain experience co-facilitating clinical activities with psychologists and team members from other disciplines and obtain their clinical supervision from one or more of the psychologists working within this program.

#### D. Specific training activities may include:

- Treatment planning with patients as they enter the program
- Care coordination meetings with patients to revise their treatment plans once they are in the program
- Comprehensive evaluations to determine patients' candidacy, readiness, and appropriateness for various forms of trauma-focused evidence-based psychotherapy
- Facilitation of psycho-educational classes
- Facilitation of group psychotherapy
- Developing own group based on a combination of needs/gaps identified in the program and trainee's interests/area of expertise

- Individual evidence-based psychotherapy to include Cognitive Processing Therapy and Prolonged Exposure
- Exposure to other evidence based therapies to include Cognitive Behavioral Therapy, Cognitive-Behavioral Conjoint Therapy for PTSD (Couples)
- Individual and/or group therapy experience with co-occurring PTSD and substance use disorders to include Seeking Safety, Motivational Enhancement Therapy

## ***Requirements for Completion***

Interns must complete one year (2080 hours) in order to graduate from the internship. All of this time must be on-site except for designated Federal Holidays, Authorized Absence, Annual Leave and Sick Leave. The American Psychological Association requires 1500 hours for pre-doctoral internship; the Department of Veterans Affairs requires 1900 hours; and the state of California requires 1500 hours for licensure.

## ***Facility and Training Resources***

The Psychology Interns have full access to the same level of clerical and technical support as Staff Psychologists. Each intern is provided with a computer or terminal that has complete access to the VA Hospital Network, Microsoft Office, and the internet. Secure printers and fax machines are also available. Medical Support Assistants are available to assist Psychology Interns in scheduling appointments, checking in veterans for appointments, and other administrative tasks. Interns also have access to technical support through the Help Desk if needed.

The VA has a state of the art computerized hospital record system that is networked at the national level. Learning how to utilize this system will be a part of the Intern's early training on internship. On this network a number of psychological tests are available to be computer administered, and an extensive battery of tests are also available in the Neuropsychology Testing Lab. Psychology Interns are also able to utilize the hospital's library, which has a extensive computer based resources through affiliation with Loma Linda University. Multimedia equipment, including audio and video equipment, can be accessed through the Medical Media Service.

The Psychology Interns will rotate offices, depending upon their current rotation. At this time all offices are shared with fellow Psychology Interns or other Psychology Trainees. Each Intern will have a primary computer workstation in their office along with locked cabinets for storage of personal belongings and sensitive information. Each office also has a telephone, and the Interns will be assigned a hospital pager for the year. Rooms are available to reserve for individual psychotherapy, and larger rooms are available throughout the hospital for group therapy and meetings.

## ***Administrative Policies and Procedures***

The length of this internship is 2080 hours over 52 weeks. Interns accrue 4 hours of annual leave and 4 hours of sick leave for every pay period (2 weeks). Requests for leave time must be entered electronically into VISTA prior to taking the leave, and the interns should let the Training Director and all affected supervisors know about leave via e-mail. Interns will not be allowed to "borrow against" leave that they have not yet accrued. If an intern is out unexpectedly, they they will need to notify their supervisor and the Behavioral Medicine timekeeper as soon as possible. Authorized Absence (AA) for professional development can also be requested, but it is up to the discretion of the Training Committee & supervisors to approve the requests. Examples of appropriate AA activities include continuing education, professional conferences, and official meetings with your Dissertation Committee. AA can only be taken for the days that these meetings occur; travel time must be taken as Annual Leave.

Our privacy policy is clear: we will not collect personal information about you when you visit our Website.

## ***Training Staff***

### **SHEILLY ARORA**

*Behavioral Health Interdisciplinary Program: Sun City CBOC*

Ph.D., 2005, Derner Institute of Advanced Psychological Studies, Adelphi University, Clinical Psychology

### **ROXANNE BAYAN**

*Trauma Recovery Services: PTSD and Substance Use Disorder (SUD) Specialist*

Psy.D., 2012, Florida Institute of Technology, Clinical Psychology

Trauma and substance use disorders, individual and group psychotherapy, evidence-based psychotherapy for PTSD including Cognitive Processing Therapy and Prolonged Exposure, Harm Reduction model for SUD populations, and Motivational Interviewing.

### **LORI BRODIE**

*Behavioral Health Interdisciplinary Program*

Ph.D., 2003, University of California, Santa Barbara, Counseling/Clinical/School Psychology

Cognitive-Behavioral Therapy, Dialectical Behavior Therapy, Cognitive Processing Therapy; psychological evaluation for weight loss surgery, cross-cultural and diversity issues.

### **JOSHUA M. BULEY**

*Behavioral Health Interdisciplinary Program - Evaluation*

Psy.D., 2004, Indiana State University, Clinical Psychology

Cognitive behavioral therapy, differential diagnosis, professional issues.

### **DENNIS W. BULL**

*Trauma Recovery Services Program: OIF/OEF Outreach and Care Coordination Program*

Ph.D., 1973, Purdue University, Clinical Psychology

Grief counseling and therapy, PTSD, gerontology, stress management, men's issues and therapy.

### **TYSON CHUNG**

*Behavioral Health Interdisciplinary Program*

Ph.D. 2007, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Psychological assessment, outpatient psychotherapy

### **PAUL CUSTER**

*Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC*

Ph.D. 2001, Fuller Theological Seminary, Graduate School of Psychology

Post Doctoral Fellowship at Patton State Hospital, 2002

Severe mental illness, psychodynamic psychotherapy, integrating theoretical approaches, professional training and development, PTSD.

### **LUTHER E. DAVIS**

*Psychology Executive*

Ph.D., 2006, Loma Linda University, Clinical Psychology; ABPP

Program management and policy, cognitive-behavioral therapy, primary care mental health integration, motivational interviewing, cognitive processing therapy, military mental health, and individual/group psychotherapy

### **SERENA ENKE**

*Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC*  
PhD, 2009, Colorado State University, Counseling Psychology

Group therapy, evidenced-based treatments, incorporating mindfulness into the treatment of PTSD and general outpatient mental health.

**NANCY L. FARRELL**

*Behavioral Health Outpatient Services Team – Trauma Services*  
PsyD/DrPH, 2005, Loma Linda University, Clinical Psychology & Public Health Preventive Care

PTSD, adjustment, depression, cognitive behavioral therapy, individual & group psychotherapy, empirically-based treatments, health psychology (wellness and preventive care).

**MONICA M. FREDERICK**

*Behavioral Medicine Service*  
Psy.D., 2006, Loma Linda University, Clinical Psychology

Health psychology: primary care integration; lifestyle and chronic illness; health beliefs; stages of change; mindfulness; clinician-patient communication.

**SAMANTHA L. FRENCH**

*Neuropsychology & Polytrauma*  
Ph.D., 2008, University of Nevada, Las Vegas, Clinical Psychology

Neuropsychology, Geropsychology, dementia, fear of developing Alzheimer's disease, dementia caregiver support, rehabilitation psychology

**MARIAN GHEBRIAL**

*Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBO*  
Ph.D. 2005, Pennsylvania State University, Clinical Psychology

Axis I and II disorders, namely addiction, trauma, anxiety disorders, relapse prevention, individual, group, and couples psychotherapy. Cognitive-behavioral and integrative therapy models; motivational interviewing. Research interests include antisocial behavior, psychopathic personality traits and treatment outcome research.

**MICHAEL A. GOLDSTEIN**

*Behavioral Health Interdisciplinary Program*  
Psy.D., 1983, University of Denver, Clinical Psychology

Cognitive-behavioral therapy, mindfulness, weight & lifestyle management, group psychotherapy, addictions, health psychology

**BRYAN K. GOUDELOCK**

*Associate Director of Clinical Training, Training Director – Holistic Mental Health Program, Behavioral Health Interdisciplinary Program, & PTSD Clinical Team*  
Ph.D., 2007, Fuller Theological Seminary, Graduate School of Psychology

Interests include: CPT, IBCT, Motivational Interviewing, cognitive behavioral & psychodynamic psychotherapy, differential diagnosis, individual & group psychotherapy, PTSD, professional training & development, crisis assessment & intervention.

**KRYSTAL GREGG**

*Health Promotion and Disease Prevention Program Manager*  
Psy.D., 2013, George Fox University, Clinical Psychology

Health psychology, primary care mental health integration, consultation, motivational interviewing, health behavior change, psychological assessment, group and individual psychotherapy

**SCOTT GROVER**

*Local Evidence-Based Psychotherapy Coordinator, Behavioral Health Interdisciplinary Program – Outpatient General Mental Health Clinic*

Ph.D., 2012, Clinical Psychology, Fuller Theological Seminary, Graduate School of Psychology

Interests include Acceptance and Commitment Therapy for anxiety/depression/PTSD/psychosis/chronic pain, Treatment of PTSD using Cognitive Processing Therapy, cognitive-behavioral therapy for anxiety/depression, psychological assessment (PAI and MCMI-III).

**JULIET HUNG**

*Behavioral Health Interdisciplinary Program: Corona CBOC*

PhD, 2000, California School of Professional Psychology (CSPP – LA Campus)

APA Accredited Postdoctoral Fellowship at the Menninger Clinic, Topeka, KS 2001

ABPP in Clinical Psychology

Interests include: EBT (CPT/CBT, PE, DBT, etc.), psychodynamic psychotherapy, differential diagnosis, individual and group psychotherapy, professional training & development, forensic psychology and the assessment and treatment of personality disorders, trauma-related disorders and disordered eating behaviors.

**CHRISTINE KANG**

*Neuropsychology*

Ph.D., 2008, Fuller Theological Seminary Graduate School of Psychology

Neuropsychology, Geropsychology, dementia

**SHIRLEY C. KILIAN**

*Community Living Center-formerly Nursing Home Care Unit; Neuropsychology*

Ph.D., 2004, Graduate School of Psychology, Fuller Theological Seminary, Clinical Psychology.

Neuropsychology, geropsychology, differential diagnosis

**CHRISTINA LARSON**

*Behavioral Health Interdisciplinary Program, & PTSD Clinical Team*

Ph.D., 2011, University of North Texas, Clinical Psychology

Interests include Acceptance and Commitment Therapy for depression, trauma, and substance use; psychological assessment

**IAN LOWE**

*Community Living Center-formerly Nursing Home Care Unit*

Psy.D., 2012, Azusa Pacific University, Clinical Psychology

Interests include gerontology, end-of-life care, health psychology, assessment, severe mental illness and interdisciplinary integration.

**JOHN MCKELVIE**

*Behavioral Health Interdisciplinary Program: Palm Desert CBOC*

Psy.D. 2008, Illinois School of Profession Psychology – Chicago

Geropsychology, trauma, evidence-based psychotherapies, psychodynamic psychotherapy

**ANNA MEDINA**

*Behavioral Health Interdisciplinary Program*

Ph.D. 2007, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Cognitive Behavior Therapy (individual therapy), Cognitive Processing Therapy for PTSD, Psychological Assessments, Pension and Compensation Evaluations, Seminars on topics relevant to adjustment issues for OEF/OIF/OND veterans returning from deployment. Other interests include: Spirituality and healing, Dialectical Behavior Therapy, and Psychopharmacology as it relates to healing, recovery, and symptom management.

**PAULETTE ROGERS**

*Compensation and Pension Examination Program*

MA/Ph. D in Clinical Psychology circa 1984, University of Pittsburgh, Pittsburgh, Pennsylvania, Navy Psychologist on Active Duty from 1986 -1995.

Interests include: Compensation and Pension Psychological Assessments; Cognitive Behavioral Theory and Therapy; EMDR; Social Learning and Behavioral Theory; Treatment and evaluation of PTSD, and other mental disorders.

**SARAH L. SARUBBI**

*Primary Care – Mental Health Integration Program*

Psy.D., 2012, Nova Southeastern University

Brief mental health assessment in primary care, Motivational Interviewing, medication adherence and management of chronic health conditions, brief CBT and ACT interventions for depression, anxiety, insomnia, chronic pain, and addictions

**KENDRA TRACY**

*Behavioral Health Interdisciplinary Program*

Ph.D., 2014, University of Nevada, Las Vegas, Clinical Psychology

Interests include: Cognitive Processing Therapy, Acceptance & Commitment Therapy, Gottman relationship skills, cognitive-behavioral & psychodynamic psychotherapy.

**LAUREN WARNER SIMMONS**

*Trauma Recovery Services Program, Lead Psychologist*

Ph.D., 2004, Oklahoma State University, Counseling Psychology

Evidence-based psychotherapy for PTSD (Cognitive Processing Therapy & Prolonged Exposure), mindfulness-based approaches, post-traumatic growth, patient-centered team based care, interprofessional mental health education.

**CHRISTINA WEI**

*Behavioral Health Interdisciplinary Program*

Ph.D., 2013, Ohio University, Clinical Psychology

Acceptance and Commitment Therapy (ACT), Cognitive-Behavioral Therapy for patients diagnosed with anxiety (CBT-A), depression (CBT-D), and insomnia (CBT-I), Dialectical Behavioral Therapy (DBT), and Motivational Interviewing (MI).

**ELIZABETH WELSH**

*Women's Health Clinic, Primary Care Mental Health Integration/ Behavioral Health Interdisciplinary Program*

Ph.D., 2011, Fuller Graduate School of Psychology, Clinical Psychology; Post-Doctoral Fellowship in Health Psychology at VA Loma Linda Healthcare System

Interests include women's health issues & trauma recovery, weight management, biofeedback, eating disorders.

**SCOTT WENGER**

*Director of Clinical Training, Integrated Dual Diagnosis Program, Inpatient Psychiatric Unit*  
Psy.D., 2003, Pepperdine University, Clinical Psychology

Addiction Treatment, dual diagnosis program, treatment of chronic mental illness, psychological assessment, relapse prevention treatment, individual and group psychotherapy, cognitive behavioral therapy, interests in treatment of personality disorders and psychodynamic psychotherapy.

**ADDITIONAL STAFF**

**ANITA C. WILLIAMS**

*Vocational Rehabilitation Specialist; Program Manager, Supported Employment Program*  
M.A., 2004 Bowie State University, Bowie, Maryland

Community based competitive employment services, vocational counseling, and vocational assessments.

***Trainees***

**Programs represented in recent years:**

**2014-15**

Azusa Pacific University  
CSPP at Alliant University - Sacramento  
CSPP at Alliant University - San Francisco  
Fuller Theology Seminary, Graduate School of Psychology  
University of La Verne

**2013-14**

Loma Linda University  
Palo Alto University/Pacific Graduate School of Psychology  
PGSP-Stanford Psy.D. Consortium  
Pepperdine University  
UCLA  
UNLV

**2012-13**

George Fox University  
Loma Linda University  
Palo Alto University/Pacific Graduate School of Psychology  
PGSP-Stanford Psy.D. Consortium

**2011-12**

Fuller Theology Seminary, Graduate School of Psychology  
The Wright Institute  
University of La Verne  
PGSP-Stanford Psy.D. Consortium

**2010-11**

Loma Linda University  
Pepperdine University  
Fuller Theology Seminary, Graduate School of Psychology  
PGSP-Stanford PsyD Consortium

**2009-10**

Fuller Theology Seminary, Graduate School of Psychology  
PGSP-Stanford PsyD Consortium  
Argosy University-Chicago  
Alliant International University  
CSPP at Alliant University San Francisco

**2008-2009**

Colorado State University  
Loma Linda University  
PGSP-Stanford PsyD Consortium  
Rosemead School of Psychology  
Wright State University

**2007-2008**

American School of Professional Psychology at Argosy University, Hawai'i Campus  
California School of Professional Psychology, San Diego  
Fuller Theological Seminary, Graduate School of Psychology  
Indiana University, Bloomington  
University of North Dakota  
University of Wisconsin, Madison

**2006-2007**

Fuller Theological Seminary, Graduate School of Psychology  
Fuller Theological Seminary, Graduate School of Psychology  
Pepperdine University  
Pepperdine University  
Pepperdine University  
Rosemead Graduate School of Psychology

**2005-2006**

Fuller Theological Seminary, Graduate School of Psychology  
LaSalle University  
Pacific Graduate School of Psychology, Palo Alto  
Pepperdine University  
Rosemead Graduate School of Psychology

Our previous interns have gone on to work in a wide variety of settings including: postdoctoral fellowships, private practice, university teaching positions, forensic settings, VA hospitals, community mental health centers, health maintenance organizations, and some elect to complete their dissertations immediately following completion of their pre-doctoral internship.

***Local Information***

**Loma Linda - Redlands Area:** The Loma Linda-Redlands area is located in Southern California, 64 miles east of Los Angeles, approximately 75 miles from the Pacific Ocean, 119 miles northeast of San Diego and within a one hour drive to Palm Springs and the mountain ski areas. This area is in San Bernardino County and is part of the San Bernardino-Riverside metropolitan area. The Redlands area has long been known for its elegant Victorian homes and orange groves. A variety of housing exists in the area, and the rental rates and housing prices are relatively lower than costs in most large cities. The Mediterranean climate makes for ideal weather during most of the year. The San Bernardino Mountains (with peaks rising to 10,000 feet) can be seen just to the north and east of the Medical Center. Along with the South Sierra Mountains, these ranges provide access to picnic areas, skiing, hiking, and backpacking trails. With approximately 300 days of sunshine a year, the area offers nearly unlimited opportunities for



involvement in outdoor recreational activities. The area offers some excellent opportunities for dining and cultural events. Nearby cities of San Bernardino and Riverside provide additional cosmopolitan and urban benefits. For those interested in more extensive possibilities for entertainment, the Los Angeles area provides a nearly infinite variety of cultural attractions, sporting events, musical performances, restaurants, nightclubs, and other experiences. This area provides a unique opportunity for access to nature, sunshine, the ocean and entertainment, without the crime and congestion associated with other cities that have considerably less to offer.

### ***VA Loma Linda Healthcare System***

The VA Loma Linda Healthcare System, also known as Jerry L. Pettis Memorial Veterans Medical Center, opened in December 1977. It is located on a beautifully landscaped thirty-four acre site. The four-story Medical Center building contains an internal space equivalent to fifteen football fields. The second floor houses the Behavioral Medicine Service staff, including offices for psychology residents, group treatment rooms, , and a 32-bed inpatient psychiatric unit. Neuropsychology and Substance Treatment and Recovery (STAR) programs are housed in the newly constructed Valor building, which is just North of the main hospital. To fulfill the agency's three-fold mission of patient care, teaching, and research, the Medical Center is equipped with up-to-date diagnostic, therapeutic, and support equipment. Medical research programs are allocated over 40,000 square feet of space, and an active affiliation is maintained with the Loma Linda University Medical and Dental Schools.

Primary care modules serve the medical needs of an estimated 71,821 Veterans. Outpatient clinics specializing in women's health (located off-site at a clinic in Redlands), post-deployment assessment, preventive medicine, and chronic/acute pain are also available. Other specialized treatment programs include the hemodialysis unit; the Community Living Center (nursing home and hospice care, 108 beds); medical and surgical intensive care units; and a coronary care center. With a dedicated staff of over 2,706 employees and 1,460 volunteers, the Medical Center provides approximately 9,561 inpatient, and 778, 637 outpatient visits annually (2014). Five community outpatient clinics affiliated with the Medical Center provide access to care to veterans throughout the region.

The Jerry L. Pettis Memorial Veterans Medical Center, along with the VHA Medical Centers at Los Angeles, Long Beach, San Diego, and Las Vegas, and numerous VHA Outpatient Clinics including Rancho Cucamonga, Corona, Victorville, Murrieta, Palm Desert, and Blythe Rural Health form VISN22. Within this district and under a regionalization concept, these VHA installations coordinate the management and use of the facilities, equipment, personnel, and other resources, in order to deliver health care services more efficiently and economically.